

JC20 Rec'd PCT/PTO 17 MAY 2005

Application Data Sheet

## Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	ARRANGEMENTS AND METHOD FOR HIERARCHICAL RESOURCE MANAGEMENT IN A LAYERED NETWORK ARCHITECTURE
Attorney Docket Number::	1505-1078
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: ULF  
Middle Name::  
Family Name:: BODIN  
Name Suffix::  
City of Residence:: LULEA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing KLINTVAGEN 301A  
Address::  
City of Mailing Address:: LULEA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: 973 32

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: JOACHIM  
Middle Name::  
Family Name:: JOHANSSON  
Name Suffix::  
City of Residence:: LULEA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing DOCENTVAGEN 239  
Address::  
City of Mailing Address:: LULEA

State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: 977 52

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: JOAKIM  
Middle Name::  
Family Name:: NORRGARD  
Name Suffix::  
City of Residence:: LULEA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: PORSOGARDEN 24  
City of Mailing Address:: LULEA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: 977 54

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: FREDRIK  
Middle Name::  
Family Name:: PETTERSSON  
Name Suffix::  
City of Residence:: LULEA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing Address:: DOCENTVAGEN 159

Address::

City of Mailing Address:: LULEA

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: 977 52

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: OLOV

Middle Name::

Family Name:: SCHELEN

Name Suffix::

City of Residence:: NORRFJARDEN

State or Province of

Residence::

Country of Residence:: SWEDEN

Street of Mailing JAN JONSVAGEN 19

Address::

City of Mailing Address:: NORRFJARDEN

State or Province of Mailing Address::

Country of Mailing Address:: SWEDEN

Postal or Zip Code of Mailing Address:: 945 91

Applicant Authority Type:: Inventor

Primary Citizenship Country:: SWEDEN

Status:: Full Capacity

Given Name:: JIM

Middle Name::

Family Name:: SUNDQVIST

Name Suffix::

City of Residence:: LULEA

State or Province of

Residence::

Country of Residence:: SWEDEN  
Street of Mailing REGNVAGEN 80  
Address::  
City of Mailing Address:: LULEA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: 973 32

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: SWEDEN  
Status:: Full Capacity  
Given Name:: EMIL  
Middle Name::  
Family Name:: SVANBERG  
Name Suffix::  
City of Residence:: LULEA  
State or Province of  
Residence::  
Country of Residence:: SWEDEN  
Street of Mailing KLINTBACKEN 305B  
Address::  
City of Mailing Address:: LULEA  
State or Province of Mailing Address::  
Country of Mailing Address:: SWEDEN  
Postal or Zip Code of Mailing Address:: 973 32

**Correspondence Information**

Correspondence Customer 00466  
Number::

**Representative Information**

Representative Customer	00466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/SE2003/001767	11/14/03
PCT/SE2003/001767	An application claiming the benefit under 35 USC 119(e)	60/430,098	12/2/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignment Information**

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::